

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

RECEIVED A Public Document

1. Agency Name City of San Jose		Date Stamp 2016 OCT 12 PM 1:27 SP OTC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Office of Mayor Sam Liccardo			
Designated Agency Contact (Name, Title) Dylan Simon			
Area Code/Phone Number 408-535-4800	E-mail dylan.simon@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$222, \$86

Event Description: SHARKS VS. KINGS Date(s) 10 / 12 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: _____
Official's Name (Last, First)

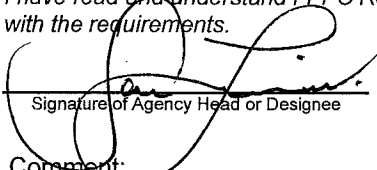
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Jose Support Services for Veteran Families (SSVF) Agencies	24	Recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Sam Liccardo
 Print Name
 Mayor
 Title
 10-12-16
 (month, day, year)

Comment: _____